

<b>Case Number:</b>	CM14-0010717		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic Care and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old male with a reported date of injury on 01/27/2013. The worker was injured while removing potatoes from a barrel and breading them. His diagnoses were noted to include cervical spine sprain/strain, bilateral trapezius strain, and bilateral carpal tunnel syndrome. His previous treatments included physical therapy, cortisone injection, pain medications, and acupuncture. Per the progress note dated 01/15/2014, it was reported the injured worker complained of persistent pain to the cervical spine, which radiated down to his bilateral shoulders and was rated 7/10. The provider reported bilateral wrist pain with a positive Tinel's and Phalen's with avola tenderness and limited body movement. The Request for Authorization Form dated 01/16/2014 was for chiropractic therapy two (2) times a week for four (4) weeks and the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **CHIROPRACTIC SESSIONS FOR THE BILATERAL HANDS TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

**Decision rationale:** The injured worker has a history of carpal tunnel syndrome and is awaiting authorization for surgery. The Chronic Pain Guidelines recommend chiropractic therapy for chronic pain if caused by musculoskeletal conditions. The guidelines also state the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement, the facility of progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines do not recommend manual therapy for the forearm, wrist, and hand. There is a lack of documentation regarding current measurable objective functional deficits and current active treatment modalities. The injured worker has been diagnosed with carpal tunnel syndrome to the bilateral hands and the guidelines do not recommend chiropractic therapy for forearms, wrists, and hands. Therefore, chiropractic therapy is not appropriate at this time. As such, the request is not medically necessary.